## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical                                      | form should be used for<br>correspondence including<br>ad below or directed off<br>tions.           | or transmitting the ISSU g the Patent, advance of the erwise in Block 1, by (a | JE FEE and PUBLICATI<br>rders and notification of n<br>a) specifying a new corres  | ON FEE (if required)<br>naintenance fees will t<br>pondence address; and  | Blocks I through 5 she mailed to the current of or (b) indicating a separ | ould be completed where correspondence address as ate "FEE ADDRESS" for |
|--|---|--|--|---|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |   |  |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |   |   |
| BOYLE FREDRICKSON S.C. 840 North Plankinton Avenue MILWAUKEE, WI 53203   |   |  |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |
|  |   |  |  | Jawn M. (<br>Jawn M.  | Diestak<br>Olegnak<br>2010 - Diet   | (Depositor's name) (Signature) (Signature)                              |
| APPLICATION NO.  | FILING DATE   | - 1  | FIRST NAMED INVENTOR   | 0 ,   | ORNEY DOCKET NO.  | CONFIRMATION NO.  |
| 10/563,026   | 12/30/2005  | L  | Owen Derek Barr  | <del></del>   | 2111.001  | 6051  |
| TITLE OF INVENTION   | : MULTI-LAYER COV   | ERING  |  |   | - <b>-</b>  |   |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEI  | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional   | YES   | \$755  | \$300  | \$0   | \$1055  | 07/26/2010  |
|  |   | ART UNIT   | CLASS-SUBCLASS   |   |   |   |
| CAJILIG, CHRISTINE T 3633  1. Change of correspondence address or indication of "Fee Address" (37                                    |   |  | 052-309130  2. For printing on the page 2.   |   | <del></del>   | <del></del>   |
| "Fee Address" indi<br>PTO/SB/47; Rev 03-0<br>Number is required.   | ondence address (or Cha<br>1/122) attached.<br>cation (or "Fee Address'<br>2 or more recent) attach | Indication form<br>ed. Use of a Customer                                       | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |   |   |   |
|  | ess an assignee is identi<br>n in 37 CFR 3.11. Comp   |  | IHE PATENT (print or typ<br>data will appear on the pa<br>T a substitute for filing an a<br>(B) RESIDENCE: (CITY   | itent. If an assignee is<br>assignment.   |   | cument has been filed for   |
| Please check the appropri  | ate assignee category or  | categories (will not be pr   | inted on the patent): 🛛  | Individual  | ation or other private grou   | up entity Government  |
| 4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies |   |  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (c) - 1170 (enclose an extra copy of this form). |   |   |   |
| 5. Change in Entity Stat   | us (from status indicated<br>SMALL ENTITY statu   | ,  | b. Applicant is no long  | ger claiming SMALL E  | NTITY status. See 37 CF   | R 1.27(g)(2).   |
| NOTE: The Issue Fee and interest as shown by the r   | l Publication Fee (if requecords of the United Sta  | nired) will not be accepted<br>es Patent and Trademark                         | d from anyone other than the Office.   | ne applicant; a registere   | d attorney or agent; or the   | assignee or other party in  |
| Authorized Signature   |   |  |  | Date 7/22/10  |   |   |
| Typed or printed name Peter C. Stomma Registration No. 36,000  |   |  |  |   |   |   |
| Alexandria, Virginia 223   | 13-1450.  |  | on is required to obtain or re<br>1.14. This collection is esti-<br>depending upon the indivi-<br>e Chief Information Office<br>COMPLETED FORMS TO<br>spond to a collection of info  |   |   |   |